DRAFT REPORT

of the

ADVISORY COMMITTEE ON SEX EDUCATION

The Board of Education for the City of Toronto
November, 1984

TORONTO BOARD OF EDUCATION
Office of Director of Education

31 October 1984

To the Chair and Members of
the School Programs Committee:

PART I

Draft Report of the Advisory Committee
on Sex Education

On July 28, 1983, the Board established an Advisory Committee on Sex Education:

> "(i) To invite comment on current Ministry and Board guidelines in Family Life and Sex Education from the organizations approved by the Board on July 29, 1982, and other interested persons.
>
> (ii) To review and comment on current Ministry and Board guidelines in Family Life and Sex Education as part of the total Health Education Program.
>
> (iii) To make such recommendations to the Director/Board as may be appropriate in the light of this review.
>
> (iv) To recommend to the Director/Board methods for improving communication with parents regarding Family Life and Sex Education."
>
> (Minutes of the Board, July 28, 1983, p. 502)

The report is presented in draft form together with a consultation process to invite comment from parents, teachers and other interested parties.

Recommendation

It is recommended that the Draft Report of the Advisory Committee on Sex Education be received and the consultation process approved.

OUIDA M. WRIGHT
Assistant Superintendent
Curriculum and Program

CHARLES W. TAYLOR
Superintendent of
Curriculum and Program

DONALD G. RUTLEDGE
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- Program

EDWARD N. McKEOWN
Director of Education

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DRAFT REPORT OF THE ADVISORY COMMITTEE ON SEX EDUCATION

TIMELINE OF THE CONSULTATION PROCESS

Monday, November 5, 1984
Draft Report submitted to the School Programs Committee

Thursday, November 15, 1984
Received by the Board

Week of Monday, November 26, 1984
Distributed for comment:
- Area Offices
- Administrative Staff
- 2 per school plus one for every 15 staff
- Area Councils
- other School Community Organizations
- other interested parties

Tuesday, January 8, 1985 - 4:00 p.m.
Tuesday, January 15, 1985 - 7:30 p.m.
Tuesday, January 22, 1985 - 4:00 p.m.
} Oral Responses to the Committee at the Education Centre

Friday, February 1, 1985 - Deadline for written responses

Monday, March 25, 1985 - Submission of the Final Report to the School Programs Committee

Wednesday, April 3, 1985 - Considered by the Board

CHAIRPERSON'S INTRODUCTORY REMARKS

One approaches an issue as sensitive and complex as family life and sex education with a great deal of trepidation, knowing full well that solutions will be partial, tentative and possibly controversial. Nevertheless, both the staff committee and the reference committee considered as many facets of the topic as could be considered within the space of the several meetings during the school year 1983-84.

The resulting report and recommendations reflect important aspects of the information which participants reviewed during the study. They became aware of diverse points of view and the depth of those views. They acquired a greater appreciation of the dilemma teachers face on a daily basis as they make innumerable decisions as to what to teach and how to teach it. Most of all they were reacquainted with the uncertainties of emerging adulthood as they tried to understand the problems students confront in their everyday lives.

The chairperson extends warm thanks to the members of both committees and to all those who facilitated the preparation of this report.

Ouida M. Wright
November, 1984

MEMBERS OF THE ADVISORY COMMITTEE ON SEX EDUCATION

Ouida M. Wright	Assistant Superintendent, Curriculum and Program Chairperson
Al Quance	Co-ordinator, Physical and Health Education Department
Gloria Torrance	Assistant Co-ordinator, Physical and Health Education Department
Delia Dobson	Women's Head - Physical and Health Education (Bloor Collegiate Institute)
Jim Hutton	Teacher - Physical and Health Education (Northern Secondary School)
Linda Campbell	Toronto Elementary Physical and Health Education Association
Lloyd Quance	Toronto Elementary Physical and Health Education Association
Michael Brotman	Chief Psychiatrist, Student Services Department
Nancy Masters	Toronto Teachers' Federation
Linda Neilly	Ontario Secondary School Teachers' Federation - District 15
Barbara MacKay	Toronto Public School Principals' Association
Doug Lougheed	Toronto Secondary School Principals' Association
Connie Clement	Family Planning Program Co-ordinator Department of Public Health
Margaret Jones	Ontario Ministry of Education

MEMBERS OF THE REFERENCE COMMITTEE ON SEX EDUCATION

Edith Land	The Canadian Council of Christians and Jews
Connie Clement	The Department of Public Health for the City of Toronto
Dr. Pearl Arshawsky	The Ontario Medical Association
Richard Bedard	The Catholic Children's Aid Society of Metropolitan Toronto
Pat Convery	The Metropolitan Children's Aid Society of Toronto
Harvey Nagelberg	The Jewish Family and Child Service of Metropolitan Toronto - South Branch
Jacques Gauthier	French Language Advisory Committee
Margaret Jones	Ontario Ministry of Education
Ann Barrett	Area North Parents' Council
Merylie Houston	East Area Schools Together
Osvaldo Dos Santos	Area Central Parents' Council
Ouida M. Wright	Board of Education Chairperson

HISTORY AND THE MANDATE OF THE COMMITTEE

On June 24, 1982, the Board (1982:662, 737) established an Advisory Committee on Sex Education to advise on the selection of materials and the involvement of local school communities in discharging its reponsibilities in Toronto schools with reference to Ministry guidelines and Board policy on family life and sex education. Please see details on pages 13 and 18.

On January 12, 1983, the Board decided to have staff proceed with preliminary work and to provide a report for the School Programs Committee in June, 1983. The officials' report further advised that during the previous six months the staff committee had met on several occasions to consider the representation, mandate and working arrangements approved by the Board in 1982.

On July 28, 1983, the Board decided as follows:

"(a) That a staff committee chaired by the Assistant Superintendent of Curriculum and Program and composed of all previously identified resource staff (listed below) as well as the representatives of the Toronto Public School Principals' Association, the Toronto Secondary School Principals' Association, the Ontario Secondary School Teachers' Federation, and the Toronto Teachers' Federation, undertake a review of Ministry and Board guidelines in Family Life and Sex Education:

- Assistant Superintendent of Curriculum and Program - Curriculum Development
- Co-ordinator of Physical and Health Education
- Assistant Co-ordinator of Physical and Health Education
- Representative of the Heads of Physical and Health Education
- Toronto Elementary Physical and Health Education Association
- Representative of the Student Services Department and any other staff the Committee may request."

(Minutes of the Board, 1983:501)

A representative of the Department of Public Health and one from the Ontario Ministry of Education were also included on the Committee.

"(b) That the representatives of the following organizations approved by the Board on July 29, 1982 (1982:737) be invited to a meeting to be informed of these documents and to comment on them:

- Canadian Council of Christians and Jews
- Department of Public Health of the City of Toronto
- Ontario Medical Association
- Catholic Children's Aid Society
- Metropolitan Children's Aid Society
- Jewish Family and Child Service of Metropolitan Toronto
- Area Councils - one parent from each
- Toronto Public School Principals' Association
- Toronto Secondary School Principals' Association
- District #15, O.S.S.T.F.
- Toronto Teachers' Federation
- French Language Advisory Committee
- Association of Student Councils
- Ontario Ministry of Education

(c) That organizations which have indicated an interest in addressing the Advisory Committee on Sex Education also be invited to comment.

(d) That the terms of reference and working arrangements of the staff committee be as follows:

(i) To invite comment on current Ministry and Board guidelines in Family Life and Sex Education from the organizations approved by the Board on July 29, 1982, and other interested persons.

(ii) To review and comment on current Ministry and Board guidelines in Family Life and Sex Education as part of the total Health Education Program.

(iii) To make such recommendations to the Director/Board as may be appropriate in the light of this review.

(iv) To recommend to the Director/Board methods for improving communication with parents regarding Family Life and Sex Education."

(Minutes of the Board, July 28, 1983, p. 592)

Accordingly, this report is being presented.

PROCESS

The Staff Advisory Committee met on several occasions during 1983-84, either separately or together with the representatives of the various organizations who became known as the Reference Committee.

The first task was to review the existing Ministry and Board guidelines. On October 23, 1983, after two lengthy planning sessions, the Staff Advisory Committee met with the Reference Committee for the first time. The Assistant Superintendent of Curriculum and Program reviewed the role of both committees and explained the mandate of the Staff Advisory Committee and the events leading up to the establishment of the Committee. The Assistant Co-ordinator of Physical and Health Education provided an overview of Ministry and Board policies and highlighted the scope and contents of three major Ministry documents: the guidelines for the Primary and Junior Divisions, the Intermediate Division and the Senior Division with the Grade 13 Supplement. Various members of the Reference Group undertook to read major Ministry and Board documents and to share their comments with members of both committees at the next meeting.

In the meantime, the Staff Committee met to develop, on the suggestion of the Reference Committee, (a) a series of questions which might serve as a starting point for discussion of the major issues, and (b) a survey of teachers which would provide additional data to help inform the Advisory Committee's recommendations.

On November 21, 1983, members of the Reference Committee reviewed and commented on the major Board guidelines. The documents were judged to be "useful", "fascinating", "well-written" and "excellent". It was also suggested that while the information was "exceedingly current", it may have been too detailed. There was discussion as to how the documents related to Ministry guidelines, the degree to which the guidelines were being implemented, and parents' awareness of the contents of the documents and the programs which were being taught in school.

On January 23, 1984, at a joint meeting of the Staff and Reference Committees, the Reference Committee reviewed copies of the questionnaire which had been distributed to a random sample of teachers in Grades 5 and 6, all secondary schools and all schools having Grade 7 and 8 classes. The questionnaires, developed with the assistance of the Chief Educational Research Officer, were designed to provide some notion as to the match between the contents of the guideline and the actual program; the need for resources; as well as to elicit teacher response as to how the program could be improved. Appropriate procedures were taken to ensure the confidentiality of the responses.

A considerable amount of time was devoted to reviewing a questionnaire for the evaluation of the S.T.A.R.R.* Theatre Troupe. The questionnaire had been referred to the Committee by the Board's Research Review Committee for comment. Lengthy discussion followed leading to questions about the Board's policy on homosexuality, the role of the Department of Public Health in sex education. the support resources needed and available to follow up the performance.

At the next joint meeting on February 6, 1984, considerable discussion focussed on such topics as abortion, pornography and sexual violence; the length of time which should be devoted to sex education at various grade levels; the possibility of a free-standing course in Family Life and Sex Education at the secondary level; the apparent need for an increased number of qualified physical and health education teachers in the junior schools. and appropriate training for regular classroom teachers.

On March 19, 1984, the joint committees reviewed the results of the teacher survey.

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* **Students Talking About Responsible Relationships (STARR),** is a student theatre group, sponsored by the Department of Public Health. The performances it presents in schools are designed to stimulate discussion and encourage responsible attitudes, behaviour and decision-making about sexuality and relationships among adolescents.

Having reviewed the major Board and Ministry documents, explored key issues, reviewed teacher questionnaires and related publications, on April 5, 1984, the committees received delegations from Planned Parenthood, a United Way organization, and from gay rights' organizations in the city as directed in (c) of the Board minutes above.

On May 7, 1984, both Committees met to approve an Interim Report which was forwarded to the Director.

On May 15, 1984, the joint committees heard further information from resource persons on homosexuality. Presentations were made by Dr. Ron Langevin, Senior Research Psychologist at the Clark Institute of Psychology, and Dr. Rosemary Barnes, Staff Psychologist at the Toronto General Hospital.

This concluded the formal meetings of both the Staff and Reference Committees prior to the preparation of the Draft Report which was discussed and approved by both the Staff and Reference Committees for submission to the Director of Education and to the Board.

THE ISSUE

The increase in sexual activity among teenagers, resulting in pregnancy, abortion and non-marital births, not only in Toronto but in other parts of Canada, the United States, Britain and some Eastern countries, is of profound concern to parents, community organizations, governments and educators. The concern is not only for the well-being of the young people and the children some of them produce at too young an age but also for an apparent deterioration in the fabric of society.

Some people argue that the changing times, the ready access to birth control methods, the earlier maturation of teenagers contribute directly to increased sexual activity; and that family life and sex education is also a contributary factor. Others feel that ignorance is the greatest villain in the piece; that knowledge and accurate information best protect teenagers from the trauma of unwanted pregnancies.

The Committee felt that making information available to adolescents is a desirable course of action, and there is some evidence to suggest that this is so. There is also the question as to the source of this information: parents, teachers, medical and social agencies and special interest groups, the government--the home, the school, the community or the state. The Committee concluded that all had a part to play in safeguarding both the best interests of young people as well as the well-being of society.

Churches and other religious and social agencies influence both government and community. The school, in turn, serves both the state and the community. This interaction of the four components, the home, the school, the community and government, creates a faoric of opinion, attitudes and values which impinges on significant issues in society.

The recommendations of this report are directed towards providing information to children and adolescents in a caring, responsible manner, in such a way as to protect the best interests of the young people without violating their rights or those of their parents and without infringing on the responsibilities of other agencies of society.

RECOMMENDATION

It is recommended:

1. That the Board reaffirm its support for family life and sex education for all pupils and students in its schools, in co-operation with parents and other agencies, and within the context of a well-planned total health education program which also emphasizes values, moral education and personal discipline.

POLICY OF THE ONTARIO MINISTRY OF EDUCATION

The policy of the Ontario Ministry of Education regarding Physical and Health Education including sex education is spelled out in a number of documents:

Primary and Junior Divisions

The Formative Years, P1J1
Education in the Primary and Junior Divisions

Intermediate Division

Physical and Health Education, Curriculum
Guideline for the Intermediate Division

Senior Division

Physical and Health Education, Curriculum
Guideline for the Senior Division and Supplement

Sections of the Family Studies guideline for the Senior Division also deal with some aspects of those above. The Ministry suggests that where the guideline overlaps with others a balance of complementary courses should be developed to avoid repetition and overlap.

In 1971 the Ontario Ministry of Education discontinued the requirement of Physical and Health Education as a mandatory course throughout the secondary school and in 1977 when the Ministry reinstituted compulsory credits Physical and Health Education was not reinstituted as a compulsory subject. Today, Physical and Health Education is mandatory in the Primary and Junior Divisions and must form part of the student's total program in Grades 7 and 8. Only one Physical and Health Education credit is required for the Ontario Secondary School Diploma and even this may be removed by the substitution provision.

Essentially, since family life and sex education is taught within the Physical and Health Education Program, family life and sex education within the regular school program may end for many students at the end of Grade 9.

A school **may** offer a Grade 10 credit course in health education. Physical Education without a health component cannot be offered as a credit course in Grade 9 and 10. Where Physical and Health Education is offered in the secondary school, health must compromise approximately 25 per cent of the total time allotment.

On written request of a parent or guardian or of a student who has reached the age of majority, the right to withdraw from any part of a course may be exercised if there is a conflict with the student's, parent's or guardian's religious belief.

The areas of study in Health Education approved by the Ministry are listed in the chart below together with suggested levels of concentration. The amount of time available for sex education at developmentally appropriate ages is modest indeed. Excerpts of Ministry guidelines describing the areas of study are included in Appendix A.

Areas of Study* **HEALTH EDUCATION**

Areas	K-3	4-6	7-8	9-10	11-12
1. Life processes	I-B	H	M	M	M
2. Human families	I	B	B	B	H
3. Individuality (personality)	I	B	H	C	H
4. Anatomy and physiology	I	B	H	C	C
5. Human growth and development	I	B	H	H -	C
6. Sexuality	I	B	B	H	H
7. Dental health	I	B	H	C	M
8. Alcohol	I	B	H	H	C
9. Tobacco	I-B	H	H	C	M
10. Other drugs	I-B	B	H	C	C
11. Safety education	I-B	B	H	C	M
12. First aid	M	I	B	H	C
13. Nutrition	I-B	H	H	C	C
14. Values and valuing	M	I	B	H	H
15. Community health	I	B	B	B	B
16. Consumer health	M	I	B	H	H
17. Physical fitness	I	B	B	H	C
18. Sexually transmitted diseases	M	I-B	H	H	C
19. Stress	M	M	I	B	H
20. Communications	M	M	I-B	H	H
21. Emotions and feelings	I	B	H	C	C

M – Minimal treatment
I – Introduction
B – Basic development
H – Heaviest concentration
C – Continuing development

* Ontario Ministry of Education. Physical and Health Education--Intermediate Division, page 27.

The chart makes mention of Life Processes, Anatomy and Physiology, Human Growth and Development, Sexuality and Sexually Transmitted Diseases but nowhere in the text do the documents deal with such current issues as abortion, premarital sex, incest, pornography, and sexual assault.

The Ministry does say, however, "decisions and responsibilities regarding areas of study and degrees of emphasis rest with the appropriate local education authorities". Excerpts from Ministry documents are included in Appendix A. The documents are now being revised.

The need for a healthy mind in a healthy body has become a truism in our culture. Nevertheless it remains a fact which society ignores at its peril. The Committee wishes to emphasize the need for young people to be well informed about the care and nurture of their bodies, to acquire habits which foster physical fitness and good health and to develop values and attitudes which contribute to the best possible investment of their mind and bodies in leading satisfying, successful lives.

Since Physical and Health Education is intended to influence not only the bodies and minds of students but their values and attitudes as well, it is important that both the Ontario Ministry of Education and the Board provide continuing opportunities for students to participate in Physical and Health Education throughout all their years of schooling in order to ensure the development of healthy attitudes and values.

RECOMMENDATIONS

It is recommended:

2. **That, while safeguarding the students' right to withdraw from any component of a physical or health education course which is in conflict with their religious beliefs, schools vigorously encourage students to take physical and health education in each year of their secondary education and actively facilitate this endeavour by supportive timetabling and through group and individual counselling.**

3. That, given the fact that many students do not receive family life and sex education beyond Grade 10, the Board encourage all secondary schools to offer in Grade 10, in addition to a Physical and Health Education credit course in Grade 9, a credit course or module in Health Education with an emphasis on family life and sex education, particularly in those schools where many students leave at the end of Grade 10.

4. That the Board recommend to the Ontario Ministry of Education that where schools are able to offer a separate Health Education credit course in the Senior Division (Classification B of the Physical and Health Education Senior Division Guideline, 1975), the credit be applied as the Social Science credit for the Ontario Secondary School graduation Diploma.

5. That, since there is now only one compulsory credit in Physical and Health Education at the secondary level, which may be substituted for, the Board recommend to the Ontario Ministry of Education that family life and sex education receive greater emphasis in the suggested areas of study for that compulsory credit.

6. That, given the sensitivity of such topics as abortion, incest, pornography, premarital sex and sexual assault and the difficulty of handling them in class, the Board recommend to the Ontario Ministry of Education that Resource Documents for teachers be developed to accompany the revised guidelines in Physical and Health Education in order to provide some direction for teachers as to how they should be handled.

7. **That, in order to ensure continuing access to family life and sex education for all students and to provide for more family life and sex education topics, the Board recommend to the Ontario Ministry of Education that the number of compulsory credits* in physical and health education be increased to a minimum of two, one of which must be offered in the Senior Division.**

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* OS:IS defines "compulsory" courses as "those that, as directed by the minister, must be included in a student's program towards the earning of a certificate or diploma." However, OS:IS also states that, "Up to **two** compulsory credits may be replaced by additional courses from the remainder of those listed as compulsory."
OS:IS, pages 36 and 18.

POLICY OF THE TORONTO BOARD OF EDUCATION

The Toronto Board of Education has supported family life and sex education as a part of physical and health education over a period of many years. Children of all ages have the capacity to establish caring, loving relationships with people of all ages. Students are given opportunities for the development of interpersonal and communicative skills regarding feelings, emotions and values--and for acquiring factual information in order to promote high level wellness in the sexual dimension of their lives.

The Family Life program has been developed over a period of many years. In 1966, the Physical and Health Education Department deployed four consultants to develop the family life and sex education curriculum K-12 as a part of the total health education program. On January 21, 1971, the Board adopted the following position in relation to family planning, birth control and abortion:

> **"That the Family Life Education programme be extended into the areas of birth control, family planning and abortion, and that the teaching aids used be designed to meet the needs of each community."**

Guidelines, teaching aids, in-service programs have been developed within the policies of the Ontario Ministry of Education. The major documents are listed below:

Primary Health Education
Junior Health Education
Health Education, Grades 7 and 8
Marriage and Early Childhood Development
The Middle Years
Stress Without Distress
Human Sexuality - Family Planning, Birth Control, Abortion
Venereal Disease - Sexually Transmitted Diseases
Marriage and the Family

Multi-media kits and films on topics related to Human Sexuality - Family Planning, Birth Control and Abortion are available to teachers of Physical and Health Education, on request. See Appendix B.

In the secondary schools, physical and health education is taught by a specialist in the field. This is generally the case in senior schools though health education is often taught by regular classroom teachers. However, in the junior schools there are few specialists and the program is usually taught by regular classroom teachers.

To assist teachers in implementing Ministry and Board guidelines the Physical and Health Education Department provides in-service and teaching aids which include films and multi-media kits. Up-to-date information, as it becomes available, is sent to health educators. The teaching aids related to sexuality **are available on request** from the Physical and Health Education Department and are not distributed by the Teaching Aids Department. Such films are to be used only as a supplemental resource **at the discretion of the local school** and are in no way a mandatory part of the program.

The Physical and Health Education Department in each of the secondary schools is responsible for the development of courses of study for that school, based on the Ontario Ministry of Education and the Toronto Board of Education Guidelines and the needs and interests of the students.

On the secondary school Professional Activity Days, there has always been a heavy emphasis on workshops related to sensitive health issues. These workshops are conducted by well-respected experts in their fields.

Each junior school appoints a Family Life representative who plays a key role in disseminating information and ordering audio-visual materials while in Grade 7 and 8 this task is usually carried out by a Physical and Health Education teacher. Workshops are also available to all teachers on Professional Activity Days.

The Ministry of Education recommends that parents should be made aware of general content and of the purpose of the health education program. The Physical and Health Education

Department invites parents to attend meetings of the Family Life Representatives in the Junior Schools and this invitation is extended to teachers and parents in the other Divisions when appropriate. Parents' Nights on the topic of family life and sex education are encouraged and resource people from the Physical and Health Education Department are available to assist school staffs with such presentations.

RECOMMENDATION

It is recommended:

8. **That the Physical and Health Education Department continue to develop resource materials for teachers in the area of family life and sex education with particular attention to the needs of teachers in the elementary school.**

THE ROLE OF THE SCHOOL

As in so many other areas except for the 3 R's, society is ambivalent about the role of the school in family life and sex education. **Some parents believe that the responsibility for sex education rests primarily in the home.** Others see the school, a major instrument of society, as sharing the responsibility in a significant way, supporting the home in this task, and providing the kind of factual, physiological information which some parents may have difficulty in communicating to their children. Still others see family life and sex education as just another subject on the curriculum, albeit a sensitive one, which should be taught only by specialists in the field.

The vast majority of parents lies somewhere in the middle of the range. A great dividing line is the use of birth control. Some parents feel that knowledge of these aids encourages promiscuity and that abstinence from sexual activity is the only acceptable course of action. Others feel that since young people will experiment sexually they should be fully informed about the possible consequences of their activity.

Another dimension of the debate has to do with physiology versus morals and values. Some people argue that the school should teach physiology and the home inculcate morals. The Committee supports the Ontario Ministry of Education in the view that it is unwise to teach about sex without some notion of the responsibilities in our society which relate to sexual activity. Some observers go beyond this prime responsibility to others which reside within a doctrine or religious faith.

The primary responsibility for educating children about sexuality rests with the family. Parents/guardians provide the love, warmth and caring that are the foundation of many future values and attitudes concerning sex. Nevertheless, communication about human sexuality cannot be left to chance. Schools, religious institutions and community agencies have a secondary role in providing information and services for young people.

The delivery of these services in schools is another major issue. While there are specialists in most senior schools (Grades 7 and 8), in the junior schools physical and health education is usually taught by regular classroom teachers. Despite the availability of inservice training on a voluntary basis some teachers feel uncertain about approaches for teaching sex education to young children. This appears to be particularly so at Grades 5 and 6 where boys and girls need information about the physical and emotional changes which they are beginning to experience. This observation is supported in part by the results of the **Survey on Sex Education.**

SURVEY ON SEX EDUCATION

Questionnaires were sent to the principals of all secondary schools and those of all schools having grade seven and eight classes. In addition, 100 teachers of grade five and six classes were selected at random to complete questionnaires. Sample questionnaires are included as Appendix C. The results of the surveys were reviewed and commented on by the Chief Educational Research Officer. He observes:

> "Two striking things were the variations in the amount of time spent on Physical and Health Education and furthermore, within that, the variation in the amount of time spent on health education. Of course, in the secondary school, with the credit system, there are many students, particularly in the higher grades, who did not take Physical and Health Education.
>
> From my point of view, it is this variation which should be considered very carefully, indeed it makes further generalizations difficult. Furthermore, generalizations that might be made about grades 5 and 6 are based on a low response rate (33%).
>
> It appears that at the secondary school level, abortion, pornography and sexual violence are seen as appropriate elements to be included for study in the new guidelines.

At the senior school level, staff are more divided on these issues particularly pornography and sexual violence.

The check list of areas in which staff would welcome more help make it clear that there is far more demand for "resources" than "in-service" and more demand for "in-service" than for "consultative help". In grades 5 and 6, the two highest demand areas for help of all three kinds are "Nutrition" and "Emotions and Feelings" and also quite a few teachers want "in-service" help in the area of "Sexuality". At the grades 7 and 8 level, "Sexually-transmitted diseases" receive the most checks for help of all kinds followed by "Sexuality". At the secondary school level, "Values and valuing" receive the most checks followed by "Sexuality" for "in-service" help and "Individuality" for "resources". In planning workshops and the preparation of materials, these replies may provide some suggestions to the Physical and Health Education Department. It should be noted that several of the respondents were very supportive of this Department and provided unsolicited "testimonials" to the help they are receiving.

In summary, I would say that the replies, particularly from the elementary panel, raised the questions of how much program consistency is desirable and how one reduces variability of time allocation and content. At the secondary school level, the respondents appeared to be aware of and utilizing quite a wide variety of materials; there is obviously variability depending on how the school organizes its programs and the choices the students are given, not only among credit courses but also within the Physical and Health Education program itself. Reading between the lines, one gets the feeling that if heavier emphasis on sexual-related topics were decreed, more resources and support would be particularly required in the elementary panel."

Areas of concern emerge from a study of the survey results and the analysis above:

- the amount of time spent on health education and within that family life and sex education in the elementary school
- teacher access to resources and in-service opportunities for teachers at all grade levels,
- designation of sex-related topics at the various grade levels.

AMOUNT OF TIME SPENT ON HEALTH AND SEX EDUCATION

In the Physical and Health Education - Intermediate Division guideline, the Ontario Ministry of Education recommends that in the physical and health education courses the health education component comprise approximately 25 per cent of the total time allotment. Given that a credit course in the secondary school has 110-120 hours per year, one quarter of that time, approximatley 28-30 hours would translate to 45 minutes per week. Given the range of topics to be discussed (see page 14) some topics get short shrift and the areas with which this report is concerned appear to receive less emphasis than is desirable.

In Grades 7 and 8, OS:IS recommends a minimum of 80 hours per year and this translates into 130 minutes per week. However, the Board's suggested time allocation is 160 minutes per week. This makes it possible to allow one 40-minute period per week for Health Education.

There are no recommended time allotments from the Ministry for the Primary and Junior Divisions but the Board recommends 125 minutes per week in the Primary Division and 120 minutes per week in the Junior Division. Yet, given the range of subjects to be taught at the elementary level time for Health Education is at a premium.

RECOMMENDATIONS

It is recommended:

9. **That Principals of elementary schools meet with teachers of Primary and Junior Division classes to determine**

the minimum amount of time which is to be devoted to family life and sex education within the Health Education program taking into consideration the "relevant needs of the students in their specific locale" in accordance with Ministry policy.

TEACHER ACCESS TO RESOURCES AND IN-SERVICE OPPORTUNITIES

The Physical and Health Education Department at the Education Centre provides numerous professional development workshops both at individual schools as well as at the Education Centre. Workshops are also provided for all teachers on a voluntary basis or as requested. In addition, exhibits and demonstrations of teaching materials are arranged, and kits and other resource materials made available to schools.

Nevertheless, quite a few teachers who responded to the survey in the Primary, Junior, Intermediate and Senior Divisions expressed an interest in more in-service and resources. Given the resources that are already available, it seems probable that many teachers are not fully aware of these materials.

RECOMMENDATIONS

It is recommended:

10. **That when Physical and Health Education is designated as a priority under the Curriculum Implementation Plan (CIP) that in-service in family life and sex education be given emphasis in in-service training.**

11. **That continuing in-service opportunities for family life and sex education be made available to teachers at all grade levels, in addition to those under CIP, particularly for those of grades 5 and 6 to keep them informed of methodology and available resources.**

12. **That, because the Ministry recommends a heavy emphasis on the topics included under Family Life and Sex Education in Grades 7 and 8, schools specifically identify and schedule the health education component of the Physical and Health Education program.**

DESIGNATION OF SEX-RELATED TOPICS AT THE VARIOUS GRADE LEVELS

It can be seen on page 14 that although the chart provides emphasis for areas of study, the Ministry guidelines offer the merest sketch as to what should be taught under each area of study. The Board documents offer a large range of information which the regular classroom teacher in the elementary school may find overwhelming given the large number of subject areas to be covered.

RECOMMENDATION

It is recommended:

13. **That, in order to respond more effectively to local needs, the Physical and Health Education Department develop and make available to schools as a guide to teachers a list of topics suggesting the emphasis each should receive.**

SEXUAL DEVELOPMENT

During the course of its work the committee considered issues related to sexual development and sexual orientation.

In order to become better informed regarding aspects of human sexuality (both homosexuality and heterosexuality) pertinent to its mandate the committee invited comment from experts in the field. A summary of this meeting is included in Appendix D. In accordance with (c) of the committee's mandate, "that organizations which have indicated an interest in addressing the Advisory Committee on Sex Education also be invited to comment", representatives of some gay and lesbian groups in the city requested and were given an opportunity to address the committee.

The presentation generated a great deal of discussion. A number of concerns were aired. Would teachers feel comfortable leading a discussion on the topic? Would parents be offended if there were classroom discussion on homosexuality? Should the books on the suggested list be put in school libraries? Will the system be perceived to be encouraging pupils and students to become homosexual?

While it was agreed that the educational system should assume some responsibility for openness on the subject, members of both committees differed in their reaction to this scientific information. There was agreement, however, that children in elementary school, especially those not yet experiencing puberty should be protected from name calling. It was agreed that older students who are wrestling with the problem of sexual orientation should be given appropriate guidance and support.

In addition, it was felt that both teachers and older students need as much factual information on sexual orientation as possible to assist them in understanding its related concerns and in communicating with both students and peers.

The Board's policy regarding sexual orientation adopted on September 18, 1980, states:

"(a) "That the Toronto Board of Education condemns and will not tolerate any expressions of racial/ethnic bias, nor bias on the basis of sex or sexual orientation, in any form by its trustees, administration, staff or students."

(b) That the Board will not countenance the proselytization of homosexuality within its jurisdiction.

(c) That, since the Board feels that it is crucial for young people to have a fuller understanding of the world around them, the policy stated in (b) above does not preclude discussion of homosexuality. "

(Minutes of the Board, 1980:863-864)

RECOMMENDATIONS

It is recommended:

14. That Principals and school staffs be reminded of the Board's policy that bias on the basis of sexual orientation not be tolerated.

15. That students who confide to teaching staff concerns about personal sexuality be assured of confidentiality and referred for guidance to appropriately qualified persons and agencies.

16. That the Board's Physical and Health Education Department develop a list of resource materials as aids in teaching as well as a list of suitably qualified persons and agencies which might be able to assist in counselling students who request assistance on the matter of personal sexuality.

17. That the Board recommend to the Ontario Ministry of Education that sexual orientation be included as an "area of study" in the Physical and Health Education guideline for Grades 9 to 12 with clear direction as to how to deal with it.

THE ROLE OF COMMUNITY AGENCIES

While the home is expected to take major responsibility for sex education, the support of the school as well as community agencies is acknowledged and welcomed in most instances. One such agency is Planned Parenthood of Toronto whose representatives requested and were given the opportunity to address the committee in accordance with (c) of its mandate: A description of the services this agency offers is included in Appendix E. A distinct advantage is that the agency provides total health care so that students who wish to use its services for advice regarding sexuality need not be afraid of attracting unwanted attention. Other agencies such as SIECCAN (the Sex Information and Education Council of Canada) provide resource materials on specific topics on request.

The Department of Public Health provides health services to schools through its area offices under the supervision of Personal Health Managers. See Appendix F. Nursing staff is made available to both elementary and secondary schools. In elementary schools the nurse is available one to three mornings per week depending on the needs and size of the school and five mornings a week in each secondary school. Service may vary depending on special needs such as the immunization program. Nurses in schools work closely with teaching staff in promoting family life and sex education. As well, Family Planning Community workers offer support services to schools on request.

For the past two years, the S.T.A.R.R. Theatre Troupe (Students Talking About Responsible Relationships) has, with the co-operation of Toronto Board staff, made drama presentations in secondary schools stimulating discussion on such matters as dating, sexuality and birth control.

RECOMMENDATIONS

It is recommended:

18. **That the Physical and Health Education Department of the Board assist schools in developing a list of medical and social service agencies to which students and parents can be referred on request regarding sex-related matters.**

19. **That Board staff continue to work closely with the Department of Public Health to provide health, family life and sex education in schools consistent with Ministry guidelines and Board policy.**

PARENT EDUCATION

The ongoing search for guidance for young persons on a topic as complex, personal and sensitive as sex education cannot be dealt with exhaustively in a brief report. Nor can this report replace the nurturing and counselling which a judicious parent can make available to a son or daughter. **The prime responsibility for sex education rests with the home and few parents are eager to relinquish this responsibility.**

The Toronto Board's Physical and Health Education Department has for many years offered parent meetings on family life and sex education in co-operation with the staff of the particular school.

Yet it does appear that some parents are not providing for their children the advice some individuals may need. Parents may not feel as well-informed as they would like. They may not be aware of the books, films and other informative material available on the topics. Others are reluctant to discuss this sensitive topic in the necessary detail for personal or religious reasons.

It is clear, however, that both boys and girls must have information, guidance and support if they are to make wise decisions in this very important and complex area of their lives.

RECOMMENDATIONS

It is recommended:

20. **That schools continue to invite parents:**

    (a) **to become informed regarding school programs on family life and sex education and keep parents informed on new programs and services as they become available; and**

    (b) **to offer suggestions as to the content of the family life and sex education program in the school.**

21. That the Physical and Health Education Department continue to offer assistance to school staffs who request parent meetings on family life and sex education.

22. That schools in co-operation with the Board's Physical and Health Education Department, the Department of Public Health and other community agencies offer opportunities to parents to discuss sex education in parent-teacher meetings or in short courses in locations at which parents are likely to attend.

23. That the Board in co-operation with the Department of Public Health and community agencies make family life and sex education courses available to parents as part of its Continuing Education Program.

SUMMARY OF RECOMMENDATIONS

1. That the Board reaffirm its support for family life and sex education for all pupils and students in its schools, in co-operation with parents and other agencies, and within the context of a well-planned total health education program which also emphasizes values, moral education and personal discipline.

2. That, while safeguarding the students' right to withdraw from any component of a physical or health education course which is in conflict with their religious beliefs, schools vigorously encourage students to take physical and health education in each year of their secondary education and actively facilitate this endeavour by supportive timetabling and through group and individual counselling.

3. That, given the fact that many students do not receive family life and sex education beyond Grade 10, the Board encourage all secondary schools to offer in Grade 10, in addition to a Physical and Health Education credit course in Grade 9, a credit course or module in Health Education with an emphasis on family life and sex education, particularly in those schools where many students leave at the end of Grade 10.

4. That the Board recommend to the Ontario Ministry of Education that where schools are able to offer a separate Health Education credit course in the Senior Division (Classification B of the Physical and Health Education Senior Division Guideline, 1975), the credit be applied as the Social Science credit for the Ontario Secondary School Graduation Diploma.

5. That, since there is now only one compulsory credit in Physical and Health Education at the secondary level, which may be substituted for, the Board recommend to the Ontario Ministry of Education that family life and sex education receive greater emphasis in the suggested areas of study for that compulsory credit.

6. That, given the sensitivity of such topics as abortion, incest, pornography, premarital sex and sexual assault and the difficulty of handling them in class, the Board recommend to the Ontario Ministry of Education that Resource Documents for teachers be developed to accompany the revised guidelines in Physical and Health Education in order to provide some direction for teachers as to how they should be handled.

7. That, in order to ensure continuing access to family life and sex education for all students and to provide for more family life and sex education topics, the Board recommend to the Ontario Ministry of Education that the number of compulsory credits* in physical and health education be increased to a minimum of two, one of which must be offered in the Senior Division.

8. That the Physical and Health Education Department continue to develop resource materials for teachers in the area of family life and sex education with particular attention to the needs of teachers in the elementary school.

9. That Principals of elementary schools meet with teachers of Primary and Junior Division classes to determine the minimum amount of time which is to be devoted to family life and sex education within the Health Education program taking into consideration the "relevant needs of the students in their specific locale" in accordance with Ministry policy.

10. That when Physical and Health Education is designated as a priority under the Curriculum Implementation Plan (CIP) that in-service in family life and sex education be given emphasis in in-service training.

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* OS:IS defines "compulsory" courses as "those that, as directed by the minister, must be included in a student's program towards the earning of a certificate or diploma." However, OS:IS also states that, "Up to two compulsory credits may be replaced by additional courses from the OS:IS, pages 36 and 18.

11. That continuing in-service opportunities for family life and sex education be made available to teachers at all grade levels, in addition to those under CIP, particularly for those of grades 5 and 6 to keep them informed of methodology and available resources.

12. That, because the Ministry recommends a heavy emphasis on the topics included under Family Life and Sex Education in Grades 7 and 8, schools specifically identify and schedule the health education component of the Physical and Health Education program.

13. That, in order to respond more effectively to local needs, the Physical and Health Education Department develop and make available to schools as a guide to teachers a list of topics suggesting the emphasis each should receive.

14. That Principals and school staffs be reminded of the Board's policy that bias on the basis of sexual orientation not be tolerated.

15. That students who confide to teaching staff concerns about personal sexuality be assured of confidentiality and referred for guidance, to appropriately qualified persons and agencies.

16. That the Board's Physical and Health Education Department develop a list of resource materials as aids in teaching as well as a list of suitably qualified persons and agencies which might be able to assist in counselling students who request assistance on the matter of personal sexuality.

17. That the Board recommend to the Ontario Ministry of Education that sexual orientation be included as an "area of study" in the Physical and Health Education guideline for Grades 9 to 12 with clear direction as to how to deal with it.

18. That the Physical and Health Education Department of the Board assist schools in developing a list of medical and social service agencies to which students and parents can be referred on request regarding sex-related matters.

19. That Board staff continue to work closely with the Department of Public Health to provide health, family life and sex education in schools consistent with Ministry guidelines and Board policy.

20. That schools continue to invite parents:
    (a) to become informed regarding school programs on family life and sex education and keep parents informed on new programs and services as they become available; and
    (b) to offer suggestions as to the content of the family life and sex education program in the school.

21. That the Physical and Health Education Department continue to offer assistance to school staffs who request parent meetings on family life and sex education.

22. That schools in co-operation with the Board's Physical and Health Education Department, the Department of Public Health and other community agencies offer opportunities to parents to discuss sex education in parent-teacher meetings or in short courses in locations at which parents are likely to attend.

23. That the Board in co-operation with the Department of Public Health and community agencies make family life and sex education courses available to parents as part of its Continuing Education Program.

APPENDICES

APPENDIX A

POLICY OF THE ONTARIO MINISTRY OF EDUCATION

MINISTRY OF EDUCATION

PHYSICAL AND HEALTH EDUCATION

July 20, 1983

POLICY STATEMENTS RELATED TO FAMILY LIFE AND SEX EDUCATION

General Policy

. It should be noted that in physical and health education credit courses the health education component must comprise approximately 25 per cent of the total time allotment. Physical Education without a health education component cannot be offered as a credit course in Grades 9 and 10.

On the written request of a parent or guardian, or of a student who has reached the age of majority, the right to withdraw from any component of a physical education or health education course shall be granted, where such component is in conflict with a religious belief held by the student, guardian, or parent. Where such withdrawal involves a significant portion of the course time, and an alternative component of work in physical and health education cannot be scheduled for the student, the principal shall reduce the credit value of the course for that student.

Teachers should exercise taste, discretion, and sensitivity in dealing with specific topics in the areas of human families, human growth and development, sexuality, values and valuing, and sexually transmitted diseases. These topics must be dealt with only in the context of a well-planned, total program.

Department heads, principals, and supervisory officials must be made aware of the content and processes within the expanded course of study for each school. Parents should also be made aware of the general content and processes and the purpose of the course.

Courses should be directed to the needs of the group, as well as to local needs and student interests. They should be dynamic and relevant, and should emphasize an appreciation of alternatives and consequences related to decisions affecting personal health. Materials included should be sufficiently challenging without being overly threatening to the student's self-concept.

Physical and health education is mandatory in the Primary and Junior divisions, as stated in *The Formative Years*. Courses in physical and health education must also form a part of the students' total program in Grades 7 and 8.

The following chart of areas of study in health education indicates appropriate degrees of emphasis for topics, beginning with Kindergarten and going on to the Senior Division. Within the rationale of this guideline, decisions and responsibilities regarding areas of study and degrees of emphasis rest with the appropriate local educational authorities.[4]

Areas of Study

HEALTH EDUCATION

	Areas	K-3	4-6	7-8	9-10	11-12
1.	Life processes	I-B	H	M	M	M
2.	Human families	I	B	B	B	H
3.	Individuality (personality)	I	B	H	C	H
4.	Anatomy and physiology	I	B	H	C	C
5.	Human growth and development	I	B	H	H -	C
6.	Sexuality	I	B	B	H	H
7.	Dental health	I	B	H	C	M
8.	Alcohol	I	B	H	H	C
9.	Tobacco	I-B	H	H	C	M
10.	Other drugs	I-B	B	H	C	C
11.	Safety education	I-B	B	H	C	M
12.	First aid	M	I	B	H	C
13.	Nutrition	I-B	H	H	C	C
14.	Values and valuing	M	I	B	H	H
15.	Community health	I	B	B	B	B
16.	Consumer health	M	I	B	H	H
17.	Physical fitness	I	B	B	H	C
18.	Sexually transmitted diseases	M	I-B	H	H	C
19.	Stress	M	M	I	B	H
20.	Communications	M	M	I-B	H	H
21.	Emotions and feelings	I	B	H	C	C

M – Minimal treatment
I – Introduction
B – Basic development
H – Heaviest concentration
C – Continuing development

Primary/Junior Outline

Human families: Different kinds of families, the needs met by families, and relationships, roles, and responsibilities within families are appropriate themes for this area of study. Teachers must exercise care to avoid sex-role stereotyping in this and other similar units.

Anatomy and physiology: Basic understandings should be developed regarding cell division and differentiation (heredity), tissues, organs and systems, and the human body's basic structure and functions.

Human growth and development: By the end of the Junior Division, students should possess a basic vocabulary and appropriate terminology for discussions and communications relating to sexuality and to human growth and development. The physical similarities and differences between males and females, patterns of development (physical, mental, social), menstruation (basic physiology and hygiene), conception, pre-natal development, the normal birth process, multiple births, and breast feeding should be studied.

Sexuality: The focus in this area of study should be upon respect for oneself and others, and upon being male and being female, with an emphasis on individuality rather than on stereotyped sex-role expectations.

Sexually transmitted diseases: The emphasis in the Primary and Junior divisions is generally minimal and incidental. However, the concept that people do transmit diseases to other people should be developed.

Values and valuing: The understanding and use of the processes of values and valuing can be integrated by the teacher as appropriate. Basic understandings should be developed regarding problem-solving and decision-making.

Emotions and feelings: The introductory and basic concepts related to emotions and feelings should be integrated into other areas of study. However, there are situations where they can be dealt with on their own.

Grades 7 and 8 Outline

Human families: Discussion in this area should centre on the nature of love, on fostering open communication with parents, and on the rights and responsibilities of family members. A discussion of the sources of both joy and conflict with parents – why conflicts arise; how to handle and resolve conflicts; parental authority; peer pressure; and sibling rivalry – should also be included.

Anatomy and physiology: This area of study should deal with heredity, and the body's mechanisms and controls, with emphasis on the nervous, muscular, skeletal, integumentary (skin, nails, hair), and endocrine systems. Introductory coverage of the cardiovascular system should also be included. A *basic* understanding of the anatomy and physiology of the Intermediate student is an important health education topic. It should be taught in conjunction with the growth and problems associated with puberty.

Human growth and development: The majority of adolescents experience the changes associated with puberty at the Grade 7 and 8 level. This is the ideal time to discuss physical, mental, emotional, and social changes, and the accompanying concerns. Included in this area of study should be a discussion of early and late maturers, and more advanced concepts relating to male and female anatomy, ovulation, menstruation, fertilization, pre-natal development, and the normal birth process.

Sexuality: The changes related to puberty should be considered, with emphasis on the individual as well as on the general patterns of change. The normalcy of both early and late maturers should be emphasized. (Individuals go through the same sequence of change, but not necessarily at the same rate or during the same time period.) A study of changing boy-girl relationships should be included as should basic dating behaviour and a critical analysis of conditioning with regard to social expectations for behaviour of males and females.

Sexually transmitted diseases: The main objective of a study of sexually transmitted diseases in Grades 7 and 8 should be to acquaint students with the basic facts. It should make them aware of the diseases and their consequences, the necessity of recognizing symptoms and seeking early treatment, and the importance of continuing with treatment. Students should be made aware of local assistance that is available. Appropriate value issues should also be considered.

Individuality: The changes that occur at puberty bring with them doubts about individual worth. It is most important to reassure students that they all have individual value and worth. A discussion of the influence of peer pressure should be included. Although peer pressure is important in an adolescent's assessment of his or her self-image, it may have detrimental effects if it produces behaviour that is dangerous or socially unacceptable. The following topics should also be included: independence and a sense of responsibility, personality, the potential within each person, individual needs, and adolescent health concerns (physical development, appearance, acne, obesity).

Emotions and feelings: With the onset of puberty and the tremendous changes in hormonal activity, the intensity of emotions and feelings increases and becomes both important and confusing. Discussion should include the biological basis for, the importance of, the recognition of, and the appropriate and inappropriate expression of emotions and feelings.

Although the major emphasis in Grades 7 and 8 should be upon the above areas of "heaviest concentration", the following areas of "basic development" are detailed since they provide the lead-in to areas of heaviest concentration in subsequent years. They should be included in Grades 7 and 8 only as dictated by time, interest, and student needs.

Values and valuing: The study of values should provide students with specific skills which will enable them to clarify their own values and to understand those of others. It will also assist them in managing their own lives. The importance of modelling by parents, teachers, and other persons who have a significant influence upon students should be realized and utilized positively by health education teachers.

Grades 9 and 10 Outline

Human growth and development: A review of the physical, emotional, and social changes associated with puberty should take place in Grade 9. In addition, studies might include pregnancy, birth, multiple births, an introduction to conception control, and premarital pregnancies.

Sexuality: The study of sexuality deals with being a human being who has sexual feelings, responses, and needs. This study should include an assessment of the validity of various contemporary concepts of maleness and femaleness, and a discussion of the effects of such ideas on individual self-concept and behaviour.

Sexually transmitted diseases: Because of the high incidence of syphilis and gonorrhoea, and the significant increase in the incidence of other sexually transmitted diseases such as Herpes Simplex II, Non-Specific Urethritis, "Crabs", Monilia (yeast infection), and Trichomonas, this area of study is very important in Grades 9 and 10. Topics that should be discussed include statistics, symptoms, diagnosis, treatment, prevention, social and value considerations, the preservation of anonymity in treatment, reasons for naming contacts, and current Ontario laws.

Values and valuing: Essential to the process of values and valuing is a class atmosphere of trust, validation, appreciation, and acceptance, and an absence of ridicule and "put-downs". Theories and strategies related to the process of valuing provide effective methods for the study of health topics. Values and valuing can be included as a separate unit, as a key component of specific health topics, or as a combination of the two.

Communications: The concept of effective verbal and non-verbal communication is an important and helpful study for students at the secondary school level. Studies in this area should include topics such as one-way and two-way communication, perception, rumour, non-verbal communication, trust, disclosure, and the variable of distance in communication.

To be effective, the skills learned in communications should be applied to the current needs and problems of the Intermediate student. The discussion and application of communication skills should centre around relationships with parents, teachers, and others of the same and opposite sex. Trust, mutual support, an absence of ridicule, and the right to abstain or withdraw from any structured strategies that are employed are important principles for the success of this unit.

Venereal Disease
Aspects of the study of venereal disease could include epidemiology, treatment, social aspects, individual responsibility, and current Ontario law.

Human families
In examining courtship, marriage, and the family, students can explore a wide range of practices both in our society and elsewhere. The development of various concepts of marriage and the nuclear family can be pursued. The study might include extended families, family patterns in different cultures, factors in successful marriages, problems of a parent raising children alone, family planning, marriage breakdown, and divorce. Legal considerations and individual rights related to these concepts might also be investigated.

Sexuality
Students may gain perspective on sexuality through such topics as the nature of love, gender identity, changing male and female behaviour, roles, and expectations, human sexual response, standards of sexual behaviour, and sex and the law.

Individuality
A study focusing on individuality could touch on basic needs for growth and maturity, mental health as part of general health concerns, personality, adaptive behaviour, and self-actualization.

Grades 11 and 12 Outline

A great variety of courses, with different emphases to meet local needs and student interests, is possible within the rationale of the present guideline. They should all, however, emphasize relevance to the students' experience and an appreciation of alternatives and consequences connected with health. Health education classes should be co-educational.

Anatomy and Physiology
In the Senior Division, anatomy and physiology can be an area of study, but not a major component of a course. Genetics and heart disease are two of a number of topics that are appropriate at this level.

Human Growth and Development
Students could explore human growth and development through such topics as pregnancy, birth, endocrinology, and the biological male and female.

Values and Valuing
The study of values and the value processes should be a key component of all health education topics. The analysis of value issues might also be integrated into questions that students are investigating.

Communication
The students' understanding of the concept of communication may be developed through continuation of content that may have been part of the Intermediate Division program. This concept may also be approached through the study of individual and group communication, verbal and non-verbal communication, trust as a factor in communication, and through communication as a means rather than an end.

For success, especially in the affective aspects of the above topics, it is important that a high level of trust be developed early in the course. Students must feel free to examine and to discuss in depth all sides of a question. Where appropriate, the teacher should reveal his or her own opinions on a controversial issue – although not in a prescriptive sense. The aim should always be to help students make decisions that reflect their own priority of values within the context of the philosophy of life of their own culture, community, and family.

It must be noted, however, that teachers should exercise taste, discretion, and sensitivity in dealing with specific topics in the areas of *human families, sexuality, venereal disease,* and *human growth and development.* Teachers should introduce these topics carefully and should deal with them only in the context of a well planned total program. The department head, principal, and supervisory officials must be made aware of the content within the expanded course of study for each school. Parents should also be aware of the general content and of the purposes of the course.

SECONDARY - Grades 9-13

TORONTO BOARD OF EDUCATION RESOURCES
HEALTH EDUCATION RESOURCE KITS

The following health education kits may be ordered from the Physical and Health Education Department. Please call ARLENE BINNS at 598-4931, local 302.

ASSERTIVE TRAINING

AGING - DEATH AND DYING

ALCOHOL AND OTHER DRUGS

BOOKLETS - SEXUALITY

CANCER PREVENTION

CONSUMER HEALTH (2)

DENTAL HEALTH

DIABETES

FAMILY LIFE AND SEX EDUCATION

FAMILY PLANNING - BIRTH CONTROL

HISTORY OF CONTRACEPTION

HISTORY OF MARRIAGE AND THE FAMILY

HUMAN RELATIONS (PARTS A & B)

*LEADERSHIP

LUNGS

*MARRIAGE AND THE FAMILY

LEGALITIES - SEPARATION/DIVORCE

MARRIAGE AND THE FAMILY - PARENTING

THE MIDDLE YEARS

NUTRITION

PHYSICAL FITNESS (3)

PRE-NATAL DEVELOPMENT (2)

RAPE

ROLES - MASCULINE AND FEMININE

ROSS HUME HALL NUTRITION PROGRAM

SAFETY AND FIRST AID

SELF-CONCEPT

STRESS

TOBACCO

VALUES

VENEREAL DISEASE

VENEREAL DISEASE QUIZ

VIOLENCE AND THE FAMILY

*HERPES

Kits re Sexuality also for
Grades 7, 8 and Primary, Junior

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*New Kits

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MARRIAGE - (1) HISTORY AND LIFE STYLES

(2) ROLES

(3) ADJUSTMENTS - 2 kits

(4) LEGALITIES

EARLY CHILDHOOD DEVELOPMENT - 2 kits

The kits related to the above topics contain books, articles, tapes, etc. as listed in the resource section of this Guide. Also, suggested teaching strategies are included in the various kits.

HUMAN SEXUALITY/FAMILY PLANNING/BIRTH CONTROL/ABORTION

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THE BOARD OF EDUCATION FOR THE CITY OF TORONTO
155 College Street. Toronto M5T 1P6. Canada. 598-4931

APPENDIX C (1)

SURVEYS ON SEX EDUCATION

January 1984

Dear Teacher:

A random sample of about 1 in 3 teachers from Grades 5 and 6 has been drawn for this survey. This procedure and the absence of any identification in the questionnaire is intended to preserve your anonymity and that of your school. It is most urgent that you return your completed questionnaire as we cannot send reminders as you are anonymous. A topic such as this which receives much public discussion needs your reply, to help give balance and accuracy to the picture we obtain, Please return your reply by Board mail within a week to the Research Department, attention Dr. E. N. Wright.

1. For your class, about what proportion of the school week is spent in Physical and Health Education? (Note: If these are taught separately, give the total for the two.) Half-hour intervals are easiest to use. (Half an hour per week would be 2%, three half-hour periods would be 6%, half an hour per day would be 10%, etc., three 20-min. periods would be 4%.) Please check one.

0% 2% 4% 6% 8% 10% 12% 14% 16%

2. About what proportion of these classes is directed to Family Life and Sex Education? Please check one.

None 1 in 10 1 in 8 1 in 5 1 in 3

3. In the Family Life and Sex Education component, about how many half-hour periods are spent on Sex Education during the year? Please check one.

None 1 to 2 3 to 4 5 to 7

8 to 10 10 to 15 more than 15

4. Briefly list the Sex Education topics you usually deal with.

_____

_____

_____

_____

. . 2

Edward N. McKeown, Director of Education/Ronald W. Halford, Associate Director of Education - Operations
Donald C. Rutledge, Associate Director of Education - Program/Charles W. Taylor, Superintendent of Curriculum and Program
Helen I. Sissons, Superintendent of Personnel/Michael I. Rose, Comptroller of Buildings and Plant/David S. Paton, Comptroller of Finance

5. Are there other topics in the guidelines on Family Life and Sex Education which you feel you should include but which you don't get to?

Yes ☐ No ☐

If yes, what are the topics?

If yes, why are they not included?

6. Do you communicate with or involve your pupils' parents in planning and delivering the Family Life and Sex Education program?

Yes ☐ No ☐

If yes, why?

If yes, how?

If no, why not?

7. There is currently a suggestion that Family Life and Sex Education is inadequate. If there was an attempt to expand the contents in Grades 5 and 6, what topics do you believe should be added to what is generally covered at present?

What provision, if any, should be made to assist teachers in covering such additional material?

. . 3

8. Please indicate the area(s) of study for which you would welcome more help. (Please circle under the appropriate grade level.)

   In addition, please check the form in which you would appreciate this help more.

Areas of Study

	Areas	K-3	4-6	7-8	9-10	11-12	Form of Help: Resources	Inservice	Consultative Help
1.	Life processes	I-B	H	M	M	M			
2.	Human families	I	B	B	B	H			
3.	Individuality (personality)	I	B	H	C	H			
4.	Anatomy and physiology	I	B	H	C	C			
5.	Human growth and development	I	B	H	H	C			
6.	Sexuality	I	B	B	H	H			
7.	Dental health	I	B	H	C	M			
8.	Alcohol	I	B	H	H	C			
9.	Tobacco	I-B	H	H	C	M			
10.	Other drugs	I-B	B	H	C	C			
11.	Safety education	I-B	B	H	C	M			
12.	First aid	M	I	B	H	C			
13.	Nutrition	I-B	H	H	C	C			
14.	Values and valuing	M	I	B	H	H			
15.	Community health	I	B	B	B	B			
16.	Consumer health	M	I	B	H	H			
17.	Physical fitness	I	B	B	H	C			
18.	Sexually transmitted diseases	M	I-B	H	H	C			
19.	Stress	M	M	I	B	H			
20.	Communications	M	M	I-B	H	H			
21.	Emotions and feelings	I	B	H	C	C			

M – Minimal treatment
I – Introduction
B – Basic development
H – Heaviest concentration
C – Continuing development

Any further comments you wish to make about this subject would be appreciated. Please use the back of this page or a separate sheet.

Thank you for your help.

E. N. Wright,
Chief Educational Research Officer.

ENW:vv

THE BOARD OF EDUCATION FOR THE CITY OF TORONTO
155 College Street, Toronto M5T 1P6. Canada. 598-4931

APPENDIX C(2)

20 January 1984

To: Principals of Schools Having Grade 7 and 8 Students

Re: Survey of Sex Education Programs

On July 28, 1983, the Board approved the establishment of a Staff Committee to review Ministry and Board guidelines in Family Life and Sex Education, to consult with the representatives of various parent, religious, medical and social groups and to make recommendations to the Director/Board regarding the guidelines and related matters.

The survey attached has been developed for the Staff Advisory Committee on Sex Education to assist in gathering information regarding sex education in Grades 7 and 8. You are requested to have it completed by the appropriate person or persons in your school and return it to Dr. E. N. Wright by February 10, 1984.

Director of Education

OMW/as
attach.

c - Area Superintendents
School Superintendents

Edward N. McKeown, Director of Education/Ronald W. Halford, Associate Director of Education - Operations
Donald G. Rutledge, Associate Director of Education - Program/Charles W. Taylor, Superintendent of Curriculum and Program
Helen I. Sissons, Superintendent of Personnel/Michael I. Rose, Comptroller of Buildings and Plant/David S. Paton, Comptroller of Finance

SURVEY ON SEX EDUCATION

1. Approximately what percentage of students by grade were timetabled into the PHE program as of September 30, 1983?

2. What percentage of the timetabled PHE periods is devoted to Health Education?

3. What percentage of the Health Education Program is devoted to Sex Education and related topics?

GRADES

7	8	9	10	11	12	13

4. Is Health Education integrated into other areas of the curriculum?

_____YES _____NO

Please comment on the questions above:

OMW/as

5. Of the students taking Health Education how many students are excused from sex education classes?:

For religious reasons: _____ For other reasons: _____

Comment: _____

_____

_____

6. Which of the following materials do you use in presenting the Health Education programs? In which grades? Please check in spaces provided:

Guideline	Grades						
	7	8	9	10	11	12	13
(a) Primary Physical & Health Education							
(b) Junior Health Education							
(c) Health Education, Grades 7 & 8							
(d) Marriage and the Family							
(e) The Middle Years							
(f) Human Sexuality--Family Planning, Birth Control, Abortion							
(g) "Stress Without Distress"							

Comment: _____

_____

(h) What other resources, human and material have you found useful in your Health/Sex Education program? Please list below and indicate the grade level at which they were used.

_____

_____

_____

7. In your school is Family Life and Sex Education taught as a separate course from Physical and Health Education _____YES _____NO or as an integral part of it? _____YES _____NO

Comment: _____

_____

_____

8. Should Family Life and Sex Education be integrated with other subjects, e.g. literature, history, etc.? If so, how could this be done? If not, why not?

Comment: _____

_____

_____

9. Have you attended in-service programs in Health/Sex Education:

in the last 5 years? _____

in the last 2 years? _____

If yes to either, please specify programs:

Family Life Reps. Meetings _____

Conferences _____

PHE Dept. Workshops _____

P.A. Day Workshops _____

Other (describe) _____

10. Should Family Life and Sex Educators be more specifically trained? If yes, in what ways? If no, why not? _____YES _____NO

Comment: _____

_____

_____

11. In your school is Physical and Health Education taught by a person with specialist training in the area? _____YES _____NO

Comment: _____

_____

12. Please indicate the area(s) of study for which you would welcome more help. Please circle under the appropriate grade level.

In addition, please check the form in which you would appreciate this help.

Areas of Study

	Areas	K-3	4-6	7-8	9-10	11-12	Form of Help: Resources	Inservice	Consultative Help
1.	Life processes	I-B	H	M	M	M			
2.	Human families	I	B	B	B	H			
3.	Individuality (personality)	I	B	H	C	H			
4.	Anatomy and physiology	I	B	H	C	C			
5.	Human growth and development	I	B	H	H	C			
6.	Sexuality	I	B	B	H	H			
7.	Dental health	I	B	H	C	M			
8.	Alcohol	I	B	H	H	C			
9.	Tobacco	I-B	H	H	C	M			
10.	Other drugs	I-B	B	H	C	C			
11.	Safety education	I-B	B	H	C	M			
12.	First aid	M	I	B	H	C			
13.	Nutrition	I-B	H	H	C	C			
14.	Values and valuing	M	I	B	H	H			
15.	Community health	I	B	B	B	B			
16.	Consumer health	M	I	B	H	H			
17.	Physical fitness	I	B	B	H	C			
18.	Sexually transmitted diseases	M	I-B	H	H	C			
19.	Stress	M	M	I	B	H			
20.	Communications	M	M	I-B	H	H			
21.	Emotions and feelings	I	B	H	C	C			

M – Minimal treatment
I – Introduction
B – Basic development
H – Heaviest concentration
C – Continuing development

13. The following three areas of study are not included in the chart above: **abortion, pornography, sexual violence.** The Ministry is now reviewing its **Physical and Health Education** guidelines. Should these areas of study be included in the new guidelines?:

(a) Abortion _____YES _____NO

Comment: _____

_____

(b) Pornography _____YES _____NO

Comment: _____

_____

(c) Sexual Violence _____YES _____NO

Comment: _____

_____

NOTE: Any further comments you wish to make about sex education would be appreciated. Please use the space below and back of sheet, if necessary. Thank you for your help.

A. This survey was completed primarily by (Please check one):

_____ Physical & Health Education Teacher

_____ Family Life Representative

_____ Other Classroom Teacher

_____ Vice Principal

_____ Principal

_____ Other

B. The following also participated in the completion of the survey:

_____ Physical & Health Education Teacher

_____ Family Life Representative

_____ Other Classroom Teacher

_____ Vice Principal

_____ Principal

_____ Other

NOTE:

1. Please attach a school Health Education course of study for each grade.

2. Please return the completed survey to the office of Dr. E. N. Wright, Chief Educational Research Officer, at the Education Centre, by Board mail, on or before _____ and direct related questions to Dr. Ouida Wright, 591-5285.

4 January 1984.
OMW/as

THE BOARD OF EDUCATION FOR THE CITY OF TORONTO
155 College Street, Toronto M5T 1P6, Canada, 598-4931

APPENDIX C (3)

20 January 1984

To: Principals of Secondary Schools

Re: Survey of Sex Education Programs

On July 28, 1983, the Board approved the establishment of a Staff Committee to review Ministry and Board guidelines in Family Life and Sex Education, to consult with the representatives of various parent, religious, medical and social groups and to make recommendations to the Director/Board regarding the guidelines and related matters.

The survey attached has been developed for the Staff Advisory Committee on Sex Education to assist in gathering information regarding sex education in secondary schools. You are requested to have it completed by an appropriate person or persons in your school and return it to Dr. E. N. Wright by February 10, 1984.

Director of Education

CMW/as
attach.

c - Area Superintendents
School Superintendents

Edward N. McKeown, Director of Education/Ronald W. Halford, Associate Director of Education - Operations
Donald C. Rutledge, Associate Director of Education - Programs/Charles W. Taylor, Superintendent of Curriculum and Program
Helen I. Sissons, Superintendent of Personnel/Michael I. Rose, Comptroller of Buildings and Plant/David S. Paton, Comptroller of Finance

SURVEY ON SEX EDUCATION

GRADES

7	8	9	10	11	12	13

1. Approximately what percentage of students by grade were timetabled into the PHE program as of September 30, 1983?

2. What percentage of the timetabled PHE periods is devoted to Health Education?

3. What percentage of the Health Education Program is devoted to Sex Education and related topics?

4. Is Health Education integrated into other areas of the curriculum?

_____YES _____NO

Please comment on the questions above:

OHW/as

5. Of the students taking Health Education how many students are excused from sex education classes?:

For religious reasons: _____ For other reasons: _____

Comment: _____

_____

_____

6. Which of the following materials do you use in presenting the Health Education programs? In which grades? Please check in spaces provided:

Guideline		Grades						
		7	8	9	10	11	12	13
(a)	Primary Physical & Health Education							
(b)	Junior Health Education							
(c)	Health Education, Grades 7 & 8							
(d)	Marriage and the Family							
(e)	The Middle Years							
(f)	Human Sexuality--Family Planning, Birth Control, Abortion							
(g)	"Stress Without Distress"							

Comment: _____

_____

(h) What other resources, human and material have you found useful in your Health/Sex Education program? Please list below and indicate the grade level at which they were used.

_____

_____

_____

7. In your school is Family Life and Sex Education taught as a separate course from Physical and Health Education _____YES _____NO or as an integral part of it? _____YES _____NO

Comment: _____

_____

_____

8. Should Family Life and Sex Education be integrated with other subjects, e.g. literature, history, etc.? If so, how could this be done? If not, why not?

Comment: _____

_____

_____

9. Have you attended in-service programs in Health/Sex Education:

in the last 5 years? _____

in the last 2 years? _____

If yes to either, please specify programs:

Family Life Reps. Meetings _____

Conferences _____

PHE Dept. Workshops _____

P.A. Day Workshops _____

Other (describe) _____

10. Should Family Life and Sex Educators be more specifically trained? If yes, in what ways? If no, why not? _____YES _____NO

Comment: _____

_____

_____

11. In your school is Physical and Health Education taught by a person with specialist training in the area? _____YES _____NO

Comment: _____

_____

12. (a) Should participation in Family Life and Sex Education classes be available to students outside of the Physical & Health Education program? _____YES _____NO

Comment: _____

_____

(b) Should such classes be compulsory throughout the secondary school? _____YES _____NO

Comment: _____

_____

13. Please indicate the area(s) of study for which you would welcome more help. Please circle under the appropriate grade level.

In addition, please check the form in which you would appreciate this help.

Areas of Study

	Areas	K-3	4-6	7-8	9-10	11-12	Form of Help: Resources	Inservice	Consultative Help
1.	Life processes	I-B	H	M	M	M			
2.	Human families	I	B	B	B	H			
3.	Individuality (personality)	I	B	H	C	H			
4.	Anatomy and physiology	I	B	H	C	C			
5.	Human growth and development	I	B	H	H	C			
6.	Sexuality	I	B	B	H	H			
7.	Dental health	I	B	H	C	M			
8.	Alcohol	I	B	H	H	C			
9.	Tobacco	I-B	H	H	C	M			
10.	Other drugs	I-B	B	H	C	C			
11.	Safety education	I-B	B	H	C	M			
12.	First aid	M	I	B	H	C			
13.	Nutrition	I-B	H	H	C	C			
14.	Values and valuing	M	I	B	H	H			
15.	Community health	I	B	B	B	B			
16.	Consumer health	M	I	B	H	H			
17.	Physical fitness	I	B	B	H	C			
18.	Sexually transmitted diseases	M	I-B	H	H	C			
19.	Stress	M	M	I	B	H			
20.	Communications	M	M	I-B	H	H			
21.	Emotions and feelings	I	B	H	C	C			

M - Minimal treatment
I - Introduction
B - Basic development
H - Heaviest concentration
C - Continuing development

14. The following three areas of study are not included in the chart above: **abortion, pornography, sexual violence.** The Ministry is now reviewing its **Physical and Health Education** guidelines. Should these areas of study be included in the new guidelines?:

(a) Abortion _____YES _____NO

Comment: _____

_____

(b) Pornography _____YES _____NO

Comment: _____

_____

(c) Sexual Violence _____YES _____NO

Comment: _____

_____

NOTE: Any further comments you wish to make about sex education would be appreciated. Please use the space below and back of sheet, if necessary. Thank you for your help.

A. This survey was completed primarily by (please check one):

_____ Head Boys' Physical and Health Education

_____ Head Girls' Physical and Health Education

_____ Physical and Health Education Teacher

_____ Vice Principal

_____ Principal

_____ Other

B. The following also participated in the completion of the survey:

_____ Head of Boys' Physical and Health Education

_____ Head Girls' Physical and Health Education

_____ Other Classroom Teacher

_____ Vice Principal

_____ Principal

_____ Other

NOTE:

1. Please attach a school Health Education course of study for each grade.

2. Please return the completed survey to the office of Dr. E. N. Wright, Chief Educational Research Officer, at the Education Centre, by Board mail, on or before [illegible] and direct related questions to Dr. Ouida Wright, 591-0255.

4 January 1984.
OMW/as

MINUTES OF THE REFERENCE COMMITTEE ON SEX EDUCATION

Thursday, April 5, 1984

The Committee met at 4:15 p.m.

Present: O. Wright, R. Bedard, D. Lougheed, G. Torrance, J. Gauthier, A. Barrett, C. Clement, J. Hutton, D. Dobson, M. Houston, N. Masters and P. Arshawsky.

The Committee considered the following matters:

1. Delegation from "The House"

Dallas Petroff from Planned Parenthood and Kathy Parker, the staff nurse at "The House", explained the philosophy and activities of this organization, which offers a complete co-ed health service, including nutrition, acne, information, family problems, school projects, sports injuries and referrals.

Staff includes six part-time family doctors, four public health staff from the City of Toronto and Kathy Parker, the nurse co-ordinator. Some services are covered by OHIP and some financial support comes from Planned Parenthood, which is a United Way Agency. Last year 600 people were seen, ranging in age from 13 to 25. Clients are asked to evaluate the centre.

The staff of "The House" is interested in making their services available to teachers and students both at the centre and in the schools. This can be done through tours and discussions at "The House" or through classroom discussions and presentations. Staff objectives are to be supportive, non-judgmental and to provide positive role models. Two very successful programs are titled "How's your Love Life" and "Communications for Parents and Teens". The House is not a crisis centre but is very accessible and open to all students.

2. Delegation from the Gay Community Council

The brief which was read to the Committee noted that within the Toronto area there are thousands of lesbian and gay headed families. By not discussing lesbian/gay family constellations, the onus is put on children to keep quiet about their home life, perpetuating in the child the feeling that there is something shameful in their family's reality. Ignoring these families' existence is a blatant form of discrimination.

The brief urged the Toronto Board of Education to expand its guidelines in the area of sex education and family life to include

lesbian and gay father-led families. The brief further recommended that resources and information on lesbian/gay families, lesbian and gay youth, homosexuality in general, and the Toronto gay community's services and organizations be made available not just at the Board offices, but at the schools themselves, to the teachers and students.

Specific recommendations were included in the brief where it would be feasible to include gay families/homosexuality in the curriculum. This would require minimal rewriting of the existing guidelines. A suggested reading list was attached to the brief.

3. Delegation from Lesbian and Gay Youth Toronto

This brief stated that the lack of resources and information about homosexuality available to teachers contributes to the confusion and isolation of lesbian and gay youth. Often a teacher's own negative views become a defining part of any discussion of homosexuality. The educational system should assume responsibility for openness on the subject, as part of the curriculum, whenever the topic of sexuality is discussed; human sexuality includes both heterosexuality and homosexuality. The area of homosexuality needs to be taught along with the rest of sex education. The reality of responsible homosexual relationships needs recognition in the schools.

The brief further stated that at least ten per cent of young people are gay and subject to fear and derision in schools. Unprejudiced information and unmonitored access to resources on the subject of homosexuality would help the friends and siblings of gay teens as well.

The brief recommended that homosexuality be included as a standard and legitimate topic of discussion in the schools. Letters from individual members of Lesbian and Gay Youth Toronto were attached as appendices to the brief.

4. Discussion

During the discussion period the delegations stated that there was no safe place to turn to in schools, nor was information available. Several persons mentioned physical and mental abuse from fellow students, which sometimes resulted in non-attendance at school. There was reluctance to discuss homosexuality in the classroom situation on the part of teachers and other students; most discussion was derogatory in nature. Representatives from both delegations

expressed the desire to have homosexuality recognized as a valid life style; sexuality is the key issue.

One teacher noted that some parents are offended by classroom discussions about homosexuality. There will need to be some educating of parents. A gay teacher said that he needed to be very discreet in the classroom situation but he did try to provide a positive role model for gay students. He stated that support from the school system is definitely needed to aid gay students.

One gay parent had experienced little negative feedback on his lifestyle and said that he was pinning his hopes on the education of the younger generation. A lesbian parent requested help from the Board in providing adequate information on varying lifestyles to all students.

5. Committee Comments on the Presentations

The presentations were excellent. The homosexual issue must be included in curriculum guidelines and this will create definite problems. In any classroom discussions about homosexuality, it would be very helpful to have representatives from both the gay and lesbian communities.

Teachers will be uncomfortable, in many cases, leading discussion on homosexuality. Is homosexuality deviant behaviour or normal behaviour? Will the system be perceived as encouraging pupils to become homosexually oriented? While Board guidelines on curriculum are important, the Ministry guidelines are critical.

Can the curriculum guideline recommendations in the Gay Community Council brief be implemented quietly? Can the books on the suggested reading list in the same brief be put in school libraries? What grade level are we considering—teachers in junior grades will need in-service training. Whatever is done will cause controversy among parents and in the media.

There was general concern that additional information was essential before any further Committee action.

6. Consultation with an Authority on Homosexuality

This will be an informal Committee meeting to be announced as soon as possible. Several people were suggested to address the committee, including Dr. Langevin of the Clarke Institute, Mike Barrett, Rosemary Barnes of the Toronto General Hospital, Dr. Marj Perkins or a sociologist on group dynamics to be suggested by R. Bedard.

Summary of Joint Meeting of
STAFF ADVISORY COMMITTEE ON SEX EDUCATION
and
REFERENCE COMMITTEE ON SEX EDUCATION
May 15, 1984

The Committees received a presentation by Dr. Ron Langevin of **The Clarke Institute of Psychiatry** who outlined research and findings on the topic of homosexuality.

- 17% males engage in homosexual behaviour
- 4% of the population is exclusively homosexual
- androphiles (homosexuals) have an unusual sexual stimulus but a typical range of sexual response

In short, available research findings indicate that there is no demonstrated mental health difference between homosexual and heterosexual men. They basically differ in their sexual orientation.

A variety of treatments has been used to change homosexual erotic preference. None has been successful. They include chemical electrical aversion therapy, reciprocal inhibition therapy, positive classical conditioning, positive operant conditioning, orgasmic reconditioning and a combination of these and other techniques.

Dr. Langevin concludes from the research that erotic preferences are not changeable. The preferences emerge at puberty and are fixed by the time a person reaches adolescence, and remain for life.

Following the presentation, Dr. Rosemary Barnes of **The Toronto General Hospital** joined the discussion and corroborated Dr. Langevin's findings. She observed that the emergence of homosexuality in an individual was a developmental crisis which generally can be successfully negotiated. The later the "coming out" the more difficult it is for the individual to incorporate the sense of difference into the personality.

Lengthy discussion followed, particularly around such questions as:

Question 1: How should teachers (the school) handle a student who says he/she is homosexual?

Response:
- respond in a humane way
- provide reassurance
- provide ongoing strategies
- provide information - reading materials, etc.
- suggest professional help, e.g. psychologist or counselling (teachers should be provided with a list of resources)
- respect the student's privacy

Question 2: Should homosexuality be included as a topic in the curriculum?

Response:
- include it in the curriculum
- make clear that these students are not deviant or mentally disturbed
- include in Grade 11-13
- provide in-service for teachers both "technical" and attitudinal

Question 3: How does a teacher deal with name-calling, e.g in Grade 1?

Response:
- handle as with a racial slur
- provide humane support for the "target"

It should be noted that gay parents usually produce heterosexual children; therefore, there are not likely to be "negative" effects on children because their parents are homosexual.

Following this discussion, the joint committees, after making revisions, approved the "draft" report for submission to the Director Board. The committees will reconvene in the fall to consider the final report.

OMW as

RESOURCES -
PLANNED PARENTHOOD - TORONTO

APPENDIX E

Choices for Youth • 36B Prince Arthur Ave. Toronto, Ont. M5R 1B1 • 927-7171

THE HOUSE is a comprehensive, multi-service centre where adolescents can feel comfortable seeking help and freely make informed, responsible decisions about all aspects of their lives. THE HOUSE aims to fill service gaps, while at the same time co-operating with existing agencies and programs to provide comprehensive care for adolescents of Metropolitan Toronto.

LOCATION: 36B Prince Arthur Avenue
(at Bedford Rd. entrance of the St. George subway station)

HOURS: 12-7 p.m., Monday to Thursday; 9-5 p.m., Friday

PHONE: 927-7171

ACCESSIBILITY:
Close to TTC, safe neighbourhood, O.H.I.P., confidential, after school hours, relaxed atmosphere, warm, caring, non-judgemental staff. Agency and self referrals are accepted.

TARGET GROUP:
Youth in Metropolitan Toronto, aged 13-25 years, who are at risk of health, education, and social problems.

SERVICES:

The Adolescent Health Centre

1. Primary Health Care - Young people are seen for diagnosis, on-going treatment, counselling and follow-up of their health concerns.

2. Family Planning and Sexuality Counselling Services - Information regarding birth control, pregnancy assessment, counselling and referral; gynecological examination; sexually transmitted disease treatment; discussion and education on many sexuality related issues. Various contraceptive methods are supplied.

3. Sports Medicine Clinic - Provides diagnosis, management, treatment, referral and prevention of sports injuries.

4. Nutrition Education and Counselling Service - Provide an innovative approach to information and advice on the basics of sound nutrition, plus weight management, diet and sports, and other topics.

5. Mental Health Counselling - Offers assessment service and ongoing counselling to young people who are struggling with common adolescent emotional problems.

The Health Awareness Programs

Information and education seminars, workshops, and special interest groups provide accurate, relevant and usable health information on a wide variety of topics to teens, parents and professionals. Topi of sessions include Coping With Parents; Self Assertiveness for Young Women; Sports Injuries, Nutrition & Sports; How's Your Love Life?; Post-Abortion Support Group; and in future, Dealing With Grief. Call to arrange a session for your teen group.

STAFF: Executive Director: Dallas Petroff
Medical Director: Dr. Pauline Pariser, MD, MA Psychology
Nurse Co-ordinator: Kathy Parker, B.Sc.N.
Medical Staff: Nancy Wardle, MD
Jeff Kobayashi, MD
Michael Clarfield, MD
Outreach Educator: Sari Simkins, RD, MPH, Nutritionist, Health Educator
Receptionist/Secretary: Leticia Morrison

In addition, THE HOUSE has the help of four public health staff from the City of Toronto's Northern Public Health Dept. These include Liz Tutton PHN, Jeannette McLacklin STD, Joey Gibb-Mental Health, Bonnie Bean-Family Planning community worker. Professional and trained volunteers are also used.

YOUTH ADVISORY COMMITTEE:

The adolescent committee meets monthly to provide ideas, feedback and input in an effort to ensure that the needs of the target population are being met. The committee produces a monthly newsletter: HOUSECALLS, assists in Health Awareness Workshops and plans and participates in promotional programs and peer outreach.

PEER OUTREACH:

A program to train young people in effective peer support and education now being developed.

STATISTICS:

THE HOUSE has been open twelve months and has a total of 600 patients, 13% being male and 87% being female. Thirty percent come to THE HOUSE for birth control, 25% come for pregnancy counselling, 12% for emotional concerns, 6% for weight management, 20% for such things as S.T.D., acne, physical examinations, sports injury medical problems and health information. Forty-three percent are returning with the same or a different concern, and making use of the many health services we provide.

APPENDIX F

DEPARTMENT OF PUBLIC HEALTH
HEALTH AREA STAFF

DOWNTOWN HEALTH AREA

Associate M.O.H.	Dr. Richard Fralick	947-7461
Environmental Services Manager	Mr. W.D. (Bud) Connery (W. Miller/J. Cave)	947-7461
Personal Health Services Manager	Ms. Betty Davidson	947-7461
Business Manager	Mr. Syd Baxter	947-7461
Community Health Officer	Ms. Maria Lee	364-5421
Community Health Officer	Ms. Marsha Raine	947-7641

NORTHERN HEALTH AREA

Associate M.O.H.	Dr. Trevor Hancock	485-2562
Environmental Services Manager	Mr. Fred W. Ruf	485-2562
Personal Health Services Manager	Ms. Fran Perkins	485-2562
Business Manager	Mr. Rick Donaldson	485-2562
Community Health Officer	Ms. Maria Herrera	656-8703
Community Health Officer	Ms. Anita O'Connor	485-2925

EASTERN HEALTH AREA

Associate M.O.H.	Dr. C. Edward Ellis	469-1687
Environmental Services Manager	Mr. A.E. (Ted) Whiteside	469-0753
Personal Health Services Manager	Ms. Donna Biesenthal	469-1575
Business Manager	Ms. Suki Garson	469-1837
Community Health Officer	Ms. Sue Kaiser	469-0885
Community Heal h Officer	Ms. Norma Drummond	469-0897

WESTERN HEALTH AREA

Associate M.O.H.	Dr. O. Mavis Rampersaud	534-9262
Environmental Services Manager	Mr. J.M. (Jim) Flaherty	534-7571
Personal Health Services Manager	Ms. Julia Shea	534-7571
Business Manager	Mr. Ray W. Beers	534-9262
Community Health Officer	Ms. Holly Woods	534-9262
Community Health Officer	Ms. Colleen McMillan	534-9262

CENTRAL RESOURCES

Community Health Information Coordinator	Mr. Bill Mindell	947-7450
Community Health Promotion & Advocacy Coordinator	Dr. Bill Shannon	947-7450
Community Health Protection Coordinator	Mr. Richard Boehnke	947-7426
Community Health Prevention Coordinator	Ms. Elizabeth Parker	947-7457